

## LIST OF DESCRIPTORS

(Check the reason this case was identified as TERI.)

### LIST OF DESCRIPTORS

A claim may be identified as a potential TERI case by using the following criteria:

#### 1. SITUATION

- ☐ An allegation (e.g., from the claimant, a friend, family member, doctor or other medical source) that the illness is terminal;
- ☐ An allegation or diagnosis of AIDS;
- ☐ The claimant is registered in a Medicare-designated hospice or is receiving hospice care; e.g., in-home counseling or nursing care; or

#### 2. CONDITION

The claimant has a condition which cannot be reversed and is expected to end in death, including, but not limited to, the following list of descriptors:

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| <input type="checkbox"/> Chronic dependence on a cardiopulmonary life-sustaining device.   | <input type="checkbox"/> Awaiting a heart, heart/lung, lung, liver, or bone marrow transplant (excludes kidney and corneal transplants).   |
| <input type="checkbox"/> Chronic pulmonary or heart failure requiring continuous home oxygen <b>and</b> is unable to care for personal needs.  | <input type="checkbox"/> A malignant disease (e.g., cancer), is home confined or institutionalized, with inability to care for personal needs <b>and</b> is unresponsive to therapy. |
| <input type="checkbox"/> Diabetic with one or more of the following: multiple amputations due to diabetic gangrene, recurrent cardiovascular events (infarction, failure), recurrent cerebrovascular events with neurological deficit. | <input type="checkbox"/> Chronic liver disease; e.g., cirrhosis, hepatitis, with history of massive gastrointestinal hemorrhage.   |
| <input type="checkbox"/> Comatose for 30 days or more.   | <input type="checkbox"/> Newborn with a lethal genetic or congenital defect.   |

☐ Other:

\_\_\_\_\_ (Identify)